

**REQUEST FOR ALLOTMENT OF COMPENSATION FOR INCOME TAX PURPOSES**

For use of this form, see AR 37-105: the proponent agency is USAFAC.

*(Before this form is Completed, see reverse for Information Required by the Privacy Act)*NAME *(Last, First, Middle Initial)*I am a resident of the State *(or District)* of \_\_\_\_\_

and no state income tax is being withheld from my compensation. I wish to allot from my compensation

to the State *(or District)* of \_\_\_\_\_

for income tax purposes on the basis of withholding tables furnished by my state of residence.

DATE

SIGNATURE OF EMPLOYEE

**DA FORM 2748, AUG 76**REPLACES EDITION OF 1 Feb 64, WHICH IS OBSOLETE,  
AND DA FORM 2748-R, 26 Sep 75 Privacy Act Statement Which is OBSOLETE.

USAPPC V1.00

**INFORMATION REQUIRED BY THE PRIVACY ACT****AUTHORITY:** Executive Order 10407, 6 Nov 1952 and Title 5 USC 5517**PRINCIPAL PURPOSE:** The information on this form is required by the payroll office to enable them to establish an allotment for State income tax.**ROUTINE USES:** This form reflects member's State of Residence and could provide information to the State or Internal Revenue Service, if requested.**DISCLOSURE:** Voluntary. Payroll office would not be able to determine the proper State to which the allotment would be paid without information on the form.**REVERSE OF DA FORM 2748, AUG 76**

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